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Bib Data Sheet

CONFIRMATION NO. 5373

<b>SERIAL NUMBER</b> 09/960,276	<b>FILING DATE</b> 09/21/2001 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2621	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Albert D. Edgar, Austin, TX;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/234,408 09/21/2000 AND CLAIMS BENEFIT OF 60/234,520 09/21/2000 AND CLAIMS BENEFIT OF 60/285,591 04/19/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/23/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 48
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> SIMON, GALASSO & FRANTZ PLC. P.O. Box 26503 Austin ,TX 78755-0503				
<b>TITLE</b> Dynamic image correction and imaging systems				
<b>FILING FEE RECEIVED</b> 1458	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	